

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 7-10-03.

### I. DISPUTE

Whether there should be reimbursement for CPT code 95900, 95904 and 95935.

### II. FINDINGS

1. The requestor billed \$1624.00 for the disputed service.
2. The respondent paid \$501.00 based upon "F."
3. Total amount in dispute per TWCC-60 is \$245.00.
4. The insurance carrier submitted an untimely response to the request for medical dispute resolution.

### III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
11-21-02	95900 (x4)	\$504.00	\$192.00	F	\$64.00/ nerve	Medicine GR (IV)	Nerve study report supports testing of Median and Ulnar nerves bilaterally. Therefore, the appropriate reimbursement of 4 X \$64.00 = \$256.00. The difference between the amount paid and amount due per MFG is \$64.00.
11-21-02	95904 (X6)	\$720.00	\$256.00	F	\$64.00 / nerve		Nerve study report supports testing of Radial, Median, Ulnar nerves bilaterally. Therefore, the appropriate reimbursement of 6 X \$64.00 = \$384.00. The difference between the amount paid and amount due per MFG is \$128.00.

11-21-02	95935 (X2)	\$400.00	\$53.00	F	\$53.00 / study per extremity		F-wave was performed on both upper extremities. The nerve study report indicates claimant reported right upper extremity pain; therefore, per MFG, Medicine GR (IV)(B)(2)(b), reimbursement is only allowed for the affected extremity. No additional reimbursement is recommended.
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#### IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes, 95900 & 95904 in the amount of **\$ 192.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$192.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 3<sup>rd</sup> day of June 2004.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division